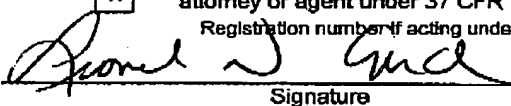


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0661-0031

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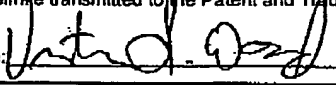
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 64671-0523	
Application Number 10/817,562-Conf. #3812		Filed April 1, 2004	
For Flexible Cable Box Payout Tube			
Art Unit 3654		Examiner E. H. Langdon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$80
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$450	\$225
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1020	\$510
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1590	\$795
<input type="checkbox"/>		\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.			
 _____ Signature		Registration number if acting under 37 CFR 1.34 <u>50,571</u>	
_____ Lionel D. Anderson Typed or printed name		_____ August 30, 2005 Date	
_____ Telephone Number		_____ (248) 594-0800 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

One Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.

Dated: August 30, 2005

Signature:  (Victoria L. Wood)

08/31/2005 CNGUYEN 00000099 180013 10817562

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PAGE 3/11 * RCVD AT 8/30/2005 5:08:15 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-6/2 * DNIS:8729306 * CSID:248 594 0610 * DURATION (mm-ss):02-50